UNIT	ED STATES SI FOR ANNU			NCIAL DISCL		REPORT		
Last Name	First Name and Middle Ini			Annual Report		Senate Office / Agency in Which	ch Employed	
				Calendar Year Cove	ered by Report:			
Senate Office Address (Number, Street, City, State, and ZIP Code	Senate Office Telephone	Number (Inc	lude Area Cod			Prior Office / Agency in Which	Employed	
				Termination Date (	mm/dd/yy):			
AFTER READING THE INSTRUC	CTIONS - ANSW	ER EA	CH O	THESE QUES	STIONS AN	ID ATTACH THE	RELEVANT PA	ART
		YES	NO				YES	NO
Did any individual or organization make a donation to paying you for a speech, appearance, or article in the If Yes, Complete and Attach PART I.				avel in the repor	hild receive any reportable ting period (i.e., worth mo			
Did you or your spouse have earned income (e.g., s investment income of more than \$200 from any reporting period?  If Yes, Complete and Attach PART II.	ortable source in the			Did you, your spouse, than \$10,000) during t If Yes, Complete and	the reporting pe	hild have any reportable li riod? I.	ability (more	
Did you, your spouse, or dependent child hold any r more than \$1,000 at the end of the period, or receiv investment income of more than \$200 in the reportir If Yes, Complete & Attach PART IIIA and/or IIIB.	e unearned or			Did you hold any repo current calendar year? If Yes, Complete and	?	on or before the date of fi	ling in the	
Did you, your spouse, or dependent child purchase, reportable asset worth more than \$1,000 in the report Yes, Complete and Attach PART IV.				Do you have any repo entity? If Yes, Complete and A	-	nt or arrangement with an	outside	
Did you, your spouse, or dependent child receive ar reporting period (i.e., aggregating more than \$335 a exempt)? If Yes, Complete and Attach PART V.				If this is your FIRST R \$5,000 from a single s If Yes, Complete and A	source in the two	receive compensation of r oprior years?	more than	
Each question must	be answered a	nd the	appro	priate PART at	tached for	each "YES" res	ponse.	
File this report and any amendments wi Senate, Washington, DC 20510. \$200 P	th the Secretary of	f the Se	nate, O	fice of Public Re				.S.
This Financial Disclosure Statement is required by the Office of the Secretary of the Senate to on Ethics. Any individual who knowingly and w	any requesting persor	n upon w	ritten app	lication and will be	reviewed by th	e Select Committee	FOR OFFICIAL USI Do Not Write Below	
criminal sanctions. (See 5 U.S.C. app. 4, 104,			giy ana v	minumy runo to me trii	o report may a	e subject to civil and		
Certification	Signature of Rep	oorting Indi	vidual		Date (	Month, Day, Year)		
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.								
ny momongo una sonoi.	For Official Use Only -	Do Not Wr	ite Below <sup>-</sup>	his Line				
It is the Opinion of the reviewer that	Signature of Re	eviewing Of	fficial		Date (	Month, Day, Year)		
the statements made in this form are in compliance with Title I of the Ethics in Government Act.								

Reporting Ind	ividual's Name	PART	II. EARNE	D AND NON-INVESTME	NT INCOM	E	Page Number
For your amount in U.S. Government of the U.S	spouse, report the source (in needs to be specified for you vernment for you or your spouse, report I and /or your spouse, report I	name and address) and typur spouse. (See p.3, CON puse.  noraria Ban: nonoraria income received	oe of earned inc TENTS OF REF which aggrega	you from any source aggregating come which aggregate \$1,000 or PORTS Part B of Instructions.) Detected the second	more during the onot report income.  nt, give the da	he reporting pe come from emp te of, and desc	eriod. No ployment by the
	Name of Income	Source	,	Address (City, State)	Туре	of Income	Amount
Example:	JP Computers		Wash., DC	Example	Salary	Example	\$15,000
zxampro.	MCI (Spouse)		Arlington, VA	Example	Salary	Example	Over \$1,000
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Reporting Individual's Name	P	AR	T II	IA.	F	PU	BL	ICI	_Y	TF	RAI	DE	D.	AS	SE	ETS	6 A	NE	) U	NE	ARNE	ΕD	IN	CO	M	E S	80	UR	CE	S		Page	e Number
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets  At the close of reporting period. If None, or less than \$1,001, Check the first column.												BLOCK C  Type and Amount of Income  If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that its includes income received or accrued to the benefit of the individual.											item	. This							
Report the complete name of each publicly traded asset held by you, your spouse, or														Type of Income Amount of Income																			
your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:  (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock)				Х										Х							Example		Х										Example
Example: DC, or J (S) Keystone Fund					Х													Х			Example	Х											Example
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name	P	AR	T II	IA.	F	PU	BL	ICI	_Y	TF	RAI	DE	D.	AS	SE	ETS	6 A	NE	) U	NE	ARNE	ΕD	IN	CO	M	E S	80	UR	CE	S		Page	e Number
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets  At the close of reporting period. If None, or less than \$1,001, Check the first column.												BLOCK C  Type and Amount of Income  If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that its includes income received or accrued to the benefit of the individual.											item	. This							
Report the complete name of each publicly traded asset held by you, your spouse, or														Type of Income Amount of Income																			
your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:  (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock)				Х										Х							Example		Х										Example
Example: DC, or J (S) Keystone Fund					Х													Х			Example	Х											Example
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

## PART IX. AGREEMENTS OR ARRANGEMENTS

Page Number

Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book or sale of other intellectual property), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

	Status and Terms of any Agreement or Arrangement	Parties		Date
Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA	Example	1/93
Example.	Employment agreement with XYZ Co. to become Vice President of Government Relations. Terms of agreement include salary between \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock options	XYZ Co., Bethesda, MD	Example	1/0X
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